

2000

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO. 3759

BIRTH NO.		1. PLACE OF DEATH A. COUNTY <u>Pima</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Pima</u>	
DEATH		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <u>Ajo</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Ajo</u>	
IDENTENCE		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>22vrs</u> <u>22vrs</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Indian Village Ajo</u>	
		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Died enroute to Hosp. Ajo</u>			
		3. NAME OF DECEASED A. (FIRST) <u>Josenh Mark</u> B. (MIDDLE) <u>Lavering</u> C. (LAST) <u>Lavering</u>		4. SEX <u>M</u> 5. COLOR OR RACE <u>Indian</u>	
		6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>4</u> DAY <u>7</u> YEAR <u>1927</u>	
		8. AGE YEARS <u>22</u> MONTHS <u>3</u> DAYS <u>16</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>Pipe man</u>	
		9B. KIND OF BUSI- NESS OR INDU- STRY <u>Mining Corp</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Ajo Ariz.</u>	
		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>Yes</u> (IF YES, WAR OR DATES OF SERVICE) <u>World War #2</u>	
		13. SOCIAL SECURITY NO. <u>527-26-1189</u>		14. BIRTHPLACE (STATE OR COUNTRY) <u>Mex.</u>	
		15. MOTHER'S MAIDEN NAME <u>Manuela Reina</u>		16. INFORMANT'S SIGNATURE <u>Relatives</u> ADDRESS <u>Ajo</u>	
		17. DATE OF DEATH (MONTH) <u>July</u> (DAY) <u>23</u> (YEAR) <u>1949</u>			
		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAIL- URE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICA- TION WHICH CAUSED DEATH. PLACE DISEASE CON- TRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Fracture - dislocation</u> <u>Cervical vertebrae</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT- ING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Auto accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
		21A. ACCIDENT (SPECIFY) <u>Auto over-</u> <u>turned</u>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Ajo Sonoyta Highway</u>	
		21C. CITY OR TOWN (COUNTY) (STATE) <u>Ajo Pima Ariz</u>			
		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) <u>July 23 - 1949 7 PM</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
		21F. HOW DID INJURY OCCUR? <u>Auto over turned</u>			
		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>approx. 8 PM</u> TO <u>approx. 8 PM</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>approx. 8 PM</u> AND THAT DEATH OCCURRED AT <u>approx. 8 PM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
		23A. SIGNATURE <u>Allen T. Willson M.D.</u> (DEGREE OR TITLE)		23B. ADDRESS <u>Ajo Ariz</u>	
		23C. DATE SIGNED <u>24 July 49</u>			
		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>July 25 1949</u>	
		24C. NAME OF CEMETERY OR CREMATORY <u>Ajo Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Ajo, Arizona</u>	
		25A. DATE REC'D BY LOCAL REG. <u>7-24-1949</u>		25B. REGISTRAR'S SIGNATURE <u>Cecile Crunk</u>	
		26. FUNERAL DIRECTOR'S SIGNATURE <u>J.T. Mc Carthy</u> ADDRESS <u>Ajo</u>		27. EMBALMER'S SIGNATURE <u>J.T. Mc Carthy</u> CERT. NO. <u>2504</u>	